

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018955

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **10**

Primary Registration District No. **3002**

Registrar's No. **155**

FILED JUN 10 1963

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) Mexico		c. CITY OR TOWN Mexico	
Length of stay in lb 14 Hrs		Inside Limits Yes No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If outside, give location) 424 Christy, St.	
Reside on Farm Yes No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Infant Middle BURTON Last BURTON		4. DATE OF DEATH Month June Day 3 Year 1963	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/2/63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	
11a. FATHER'S NAME Thomas Burton		11b. MOTHER'S MAIDEN NAME Jeannetta Jackson	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Thomas Burton		14. NAME OF HUSBAND OR WIFE None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature Birth - Respirator DUE TO (b) Unknown - 7 mos. Pregnancy DUE TO (c) Interval between onset and death 15 hrs		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		21. I attended the deceased from 6-2-63 and last saw him alive on 6-3-63	
22a. SIGNATURE J B Doolittle (Degree or title) DO		22b. ADDRESS Mexico, MO	
22c. DATE SIGNED 6-4-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-5-1963	
23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		23d. LOCATION (City, town, or county) (State) Mexico, Mo.	
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.		25. DATE RECD. BY LOCAL REG. June 5-1963	
26. REGISTRAR'S SIGNATURE Blanche Neely			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.